

# OFFICE OF FINANCIAL AND INSURANCE REGULATION JOB VACANCY NOTICE

**CLASS/LEVEL:** Departmental Analyst 9-P11  
**DIVISION/SECTION:** Consumer Services Division  
**DEADLINE TO RESPOND:** 7-22-08

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 INTERESTED APPLICANTS SHOULD SUBMIT A COPY OF COLLEGE TRANSCRIPTS (INTERNET BASED TRANSCRIPTS WILL NOT BE ACCEPTED), RESUME, DLEG APPLICATION AND COVER LETTER TO DLEG, OFFICE OF FINANCIAL AND INSURANCE REGULATION, HUMAN RESOURCES/BUDGET DIVISION/OFIR 08-44, P.O. BOX 30220, LANSING, MICHIGAN 48909 OR FAX TO (517) 335-1450 BY THE DEADLINE DATE.

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                 |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| COUNTY/LOCATION         | Ingham/Lansing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                 |
| PAY RANGE               | \$17.78-\$27.85/hour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |
| DESCRIPTION OF POSITION | The general function of this position is to provide protection, assistance, and guidance to Michigan residents who have questions or problems concerning financial services. The function of the position involves review and analysis of policies, and actions of entities, to determine compliance with statutes and policy language, and to assure that equitable treatment and consideration is given to the consumer. The function also involves direct contact with Michigan residents in providing assistance and guidance regarding all financial services and the relative Michigan statutes. |                                                                                                                                 |
| EDUCATION               | Possession of a bachelor's degree in any major.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                 |
| EXPERIENCE              | Departmental Analyst 9 - No specific type or amount is required.<br>Departmental Analyst 10 - One year of professional business and administrative experience.<br>Departmental Analyst P11 - Two years of professional business and administrative experience, including one year of experience equivalent to the intermediate (10) level in state service.                                                                                                                                                                                                                                            |                                                                                                                                 |
| SPECIAL REQUIREMENTS    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                 |
| RESPOND TO              | Posting No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OFIR 08-44                                                                                                                      |
|                         | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DLEG, Office of Financial & Insurance Regulation, Human Resources/Budget Division/OFIR08-44, P. O. Box 30220, Lansing, MI 48909 |
|                         | E-Mail Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                 |
|                         | Fax:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (517) 335-1450                                                                                                                  |

and pass a pre-employment drug test as a condition of employment

**This is an announcement of a position vacancy and does not constitute an offer of employment.**

**1. Position Code**  
DEPTALTE

**State of Michigan**  
**Department of Civil Service**  
Capitol Commons Center, P.O. Box 30002  
Lansing, MI 48909

Federal privacy laws and/or state  
confidentiality requirements protect  
a portion of this information.

**POSITION DESCRIPTION**

This form is to be completed by the person that occupies the position being described and reviewed by the supervisor and appointing authority to ensure its accuracy. It is important that each of the parties sign and date the form. If the position is vacant, the supervisor and appointing authority should complete the form.

This form will serve as the official classification document of record for this position. Please take the time to complete this form as accurately as you can since the information in this form is used to determine the proper classification of the position. **THE SUPERVISOR AND/OR APPOINTING AUTHORITY SHOULD COMPLETE THIS PAGE.**

|                                                                                                                 |                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Employee's Name (Last, First, M.I.)</b>                                                                   | <b>8. Department/Agency</b><br><br>LABOR AND ECONOMIC GROWTH                                                                  |
| <b>3. Employee Identification Number</b>                                                                        | <b>9. Bureau (Institution, Board, or Commission)</b><br><br>OFFICE OF FINANCIAL AND INSURANCE REGULATION                      |
| <b>4. Civil Service Classification of Position</b><br><br>DEPARTMENTAL ANALYST 9                                | <b>10. Division</b><br><br>OFFICE OF POLICY, CONDUCT & CONSUMER ASSIST                                                        |
| <b>5. Working Title of Position (What the agency titles the position)</b><br><br>COMPLAINT ANALYST              | <b>11. Section</b><br><br>CONSUMER SERVICES                                                                                   |
| <b>6. Name and Classification of Direct Supervisor</b><br><br>DEBRA S. COCHRAN, DEPARTMENTAL MANAGER 14         | <b>12. Unit</b><br><br>CONSUMER ASSISTANCE                                                                                    |
| <b>7. Name and Classification of Next Higher Level Supervisor</b><br><br>KRISTIE TABER, DEPARTMENTAL MANAGER 15 | <b>13. Work Location (City and Address)/Hours of Work</b><br>611 W. OTTAWA, LANSING<br>8:00 A.M. - 5:00 P.M., MONDAY - FRIDAY |

**14. General Summary of Function/Purpose of Position**

The general function of this position is to provide protection, assistance, and guidance to Michigan residents who have questions or problems concerning financial services. The function of the position involves review and analysis of policies, and actions of entities, to determine compliance with statutes and policy language, and to assure that equitable treatment and consideration is given to the consumer. The function also involves direct contact with Michigan residents in providing assistance and guidance regarding all financial services and the relative Michigan statutes.

**For Civil Service Use Only**

**15. Please describe your assigned duties, percent of time spent performing each duty, and explain what is done to complete each duty.**

**List your duties in the order of importance, from most important to least important. The total percentage of all duties performed must equal 100 percent.**

Duty 1

**General Summary of Duty 1**

**% of Time 55**

Review and evaluate written consumer complaints and entity responses to complaints to ascertain whether the entities have acted fairly and in accordance with the contract, the laws and regulations and the Office of Financial and Insurance Regulation (OFIR) guidelines; and to assure that the consumer has been treated properly in accordance with these.

**Individual tasks related to the duty.**

- Responsibilities include the review and evaluation of written consumer complaints and entities' responses relating to all lines of insurance and other financial services when needed or requested. Information is gathered throughout the complaint process to thoroughly review the complaint, and to resolve the problems. This involves corresponding with consumers and entities in writing or by phone, researching financial services laws and other related laws, reviewing case law, and gathering information from other areas of OFIR

Duty 2

**General Summary of Duty 2**

**% of Time 25**

Respond to telephone inquiries and complaints by consumers, legal representatives, and elected public officials regarding all financial services entities. Meet with consumers who may visit OFIR for assistance with their problems or questions.

**Individual tasks related to the duty.**

- Responsibilities include providing assistance with educational information to consumers, legal representatives, and elected officials regarding financial services issues and problems, such as, interpretation of policy language and laws, standard industry procedures, and OFIR guidelines. Advise consumers to file written complaints when it is determined that the matter cannot be resolved by the telephone call. Publications are provided when appropriate, and persons are referred to other regulatory authorities as needed. This requires excellent communication skills and the ability to deal with all types of individuals professionally and effectively, so that questions and complaints can be resolved in a timely manner.

### Duty 3

#### **General Summary of Duty 3**

**% of Time 10**

Analyze and review financial services complaints, and make recommendations to supervisor for referral, to the Investigations or Code Enforcement Section, those complaints and/or inquiries which appear to involve possible violations of the Michigan financial services laws and regulations. Advise supervisor of any potential problems with products or entities identified through the review of consumer complaints.

#### **Individual tasks related to the duty.**

- Responsibilities include determining which section(s) of the laws and regulations may have been violated, and subsequently following the proper procedure for referral of the complaint to the Investigations or Code Enforcement Section for further action. Violations of the laws could include allegations such as fiduciary responsibility of agents, misrepresentation of policy provisions, misrepresentation in the sale of insurance, and any other violations of the code. This requires considerable knowledge of the Michigan laws and regulations. Identify potential problems with products or entities through the review of consumer complaints, and advise the supervisor of these potential problems.

### Duty 4

#### **General Summary of Duty 4**

**% of Time 10**

Provide other support to the office as needed or directed by supervisor. Perform other duties as assigned.

#### **Individual tasks related to the duty.**

- Responsibilities may include processing and routing of new written complaints, reviewing and processing freedom of information requests relating to Consumer Assistance, preparation of memorandum/special reports for supervisor, researching case law or other financial services related laws, attending seminars, taking related classes to expand knowledge, assisting staff with problems involving computer software, or other tasks or projects as assigned.

Duty 5

**General Summary of Duty 5**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

- 

Duty 6

**General Summary of Duty 6**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

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- 16. Describe the types of decisions you make independently in your position and tell who and/or what is affected by those decisions. Use additional sheets, if necessary.**

The individual would review complaints concerning financial services and make decisions as to the proper action to be taken. It must be determined if the entities' response is acceptable, or if further action should be taken to resolve the complaint. Ultimately the consumer and entities are affected by the decisions and responses given to complaints and inquiries. In addition, this position requires the ability to prioritize work to ensure all tasks are completed in a timely manner.

- 17. Describe the types of decisions that require your supervisor's review.**

Any non-routine complaints and issues involving unique circumstances or any complex issue of financial services would require consultation with the supervisor. Decisions regarding referral to the Investigations or Code Enforcement Section must be reviewed and approved by the supervisor.

- 18. What kind of physical effort do you use in your position? What environmental conditions are you physically exposed to in your position? Indicate the amount of time and intensity of each activity and condition. Refer to instructions on page 2.**

Position duties and tasks are performed in a traditional office environment which includes considerable sitting, occasional standing, limited lifting, considerable microcomputer usage which involves repetitive motions involved in data entry and normal office routines.

- 19. List the names and classification titles of classified employees whom you immediately supervise or oversee on a full-time, on-going basis. (If more than 10, list only classification titles and the number of employees in each classification.)**

NAME

CLASS TITLE

NAME

CLASS TITLE

- 20. My responsibility for the above-listed employees includes the following (check as many as apply):**

- |                                                             |                                                            |
|-------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Complete and sign service ratings. | <input type="checkbox"/> Assign work.                      |
| <input type="checkbox"/> Provide formal written counseling. | <input type="checkbox"/> Approve work.                     |
| <input type="checkbox"/> Approve leave requests.            | <input type="checkbox"/> Review work.                      |
| <input type="checkbox"/> Approve time and attendance.       | <input type="checkbox"/> Provide guidance on work methods. |
| <input type="checkbox"/> Orally reprimand.                  | <input type="checkbox"/> Train employees in the work.      |

- 21. I certify that the above answers are my own and are accurate and complete.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: Make a copy of this form for your records.**

**TO BE COMPLETED BY DIRECT SUPERVISOR**

- 22. Do you agree with the responses from the employee for Items 1 through 20? If not, which items do you disagree with and why?**  
I agree.

- 23. What are the essential duties of this position?**

The essential duties of the position include reviewing and evaluating complaints involving financial services in accordance with statute guidelines. In addition, this position assists in the handling of consumer telephone complaints and inquiries, and visits to the office by consumers for financial services.

- 24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.**

- 25. What is the function of the work area and how does this position fit into that function?**

The division is responsible for media relations, forms development and maintenance, communications and to provide excellent service to consumers who contact OFIR with a complaint regarding financial services entities. This position is needed to handle routine consumer complaints and inquiries.



26. In your opinion, what are the minimum education and experience qualifications needed to perform the essential functions of this position.

**EDUCATION:**

Possession of a bachelor's degree in any major

**EXPERIENCE:**

No specific amount or type is required.

**KNOWLEDGE, SKILLS, AND ABILITIES:**

- Ability to effectively communicate both verbally and in writing.
- Ability to operate microcomputer.
- Analytical ability
- Ability to prioritize tasks

**CERTIFICATES, LICENSES, REGISTRATIONS:**

*NOTE: Civil Service approval of this position does not constitute agreement with or acceptance of the desirable qualifications for this position.*

27. *I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.*

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**TO BE FILLED OUT BY APPOINTING AUTHORITY**

28. Indicate any exceptions or additions to the statements of the employee(s) or supervisor.

29. *I certify that the entries on these pages are accurate and complete.*

\_\_\_\_\_  
Appointing Authority's Signature

\_\_\_\_\_  
Date